


|  |  |   |
|--|--|---|
| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10715885 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>THOROSKI, JOHN H. |
|  | <b>Examiner</b><br><br>Faye Francis            | <b>Art Unit</b><br><br>3725   |

|   |                 |
|---|-----------------|
| ✓ | <b>Rejected</b> |
| = | <b>Allowed</b>  |

|   |                   |
|---|-------------------|
| - | <b>Cancelled</b>  |
| ÷ | <b>Restricted</b> |

|   |                     |
|---|---------------------|
| N | <b>Non-Elected</b>  |
| I | <b>Interference</b> |

|   |                 |
|---|-----------------|
| A | <b>Appeal</b>   |
| O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |   |            | <input type="checkbox"/> CPA |  |  |  | <input type="checkbox"/> T.D. |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |
|--|----------|---|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM  |          |   | DATE       |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| Final  | Original |   | 02/08/2008 |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 1        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 2        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 3        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 4        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 5        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 6        | ✓ |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |